Evidence for addition in 18a shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10059

FILM No. G 122 NOV 22 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 60 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural give location) 1022 Woodland Way

3. NAME OF DECEASED (Type or Print) (First) Lillian	(Middle) Alice	(Last) Bair	4. DATE OF DEATH (Month) Oct	(Day) 20	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 15, 1888	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME David F. Winters	14. MOTHER'S MAIDEN NAME Maryb Eader				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -------	17. INFORMANT Mrs. Frank K. Russel			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

193 Immediate cause (a) Brain Tumor, malignant, primary [11/21/49 alec] — 10 mo.

54b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION Sept. 2, 1949	19b. MAJOR FINDINGS OF OPERATION Large tumor pt-temporal Parietal lobe	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1939, to 10/20, 1949, that I last saw the deceased alive on 10/20, 1949, and that death occurred at 1:35 p m., from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman (Degree or title) M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 10/21 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct. 23, -49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. Oct. 22 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1949
BUREAU OF S.

10060

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rouzerville
STREET ADDRESS (If rural, give location): (Barnes)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) S. (Last) Barnes
4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 5, 1880
9. AGE last birthday: 69-2-28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): S. Mountain Franklin Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Kauffman
14. MOTHER'S MAIDEN NAME: Elizabeth Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT AND ADDRESS: Mrs. May Blubaugh Rouzerville Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic Myocarditis — 25 days

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 25 days

(c) Anemia — 25 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1949, to Oct 3, 1949, that I last saw the deceased alive on Oct 2nd, 1949, and that death occurred at 12:22 P.M. m., from the causes and on the date stated above.

SIGNATURE: Hubert Wade — (Degree or title): M. D. — ADDRESS: Boonsboro — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 6. 1949 — NAME OF CEMETERY OR CREMATORY: Strangers Franklin Co. Pa. — LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: Oct. 4. 1949 — REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR: Walter Y. Grove — ADDRESS: Waynesboro Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10061

CERTIFICATE OF DEATH

Reg. Dist. No. 103

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Clearspring; MARYLAND; LENGTH OF STAY (In this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Clearspring, Md. RFD#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUral-Clearspring, Md.; STREET ADDRESS (If rural, give location) Clearspring, Md. RFD#1

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Virginia (Last) Beach

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 31, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 9 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Rockingham County, Vir.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Taylor

14. MOTHER'S MAIDEN NAME: Alice Cave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. G. C. Light (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
151 Immediate cause	(a) Ter minal broncho pnuemonia	6 days
46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the stomach	unknown
	(c) Hypertensive arteriosclerotic heart disease	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10/47, 19....., to 10/27/49 19....., that I last saw the deceased alive on 10/26/49, 19....., and that death occurred at 5:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Robert Cohen M.D. ADDRESS Clear Spring, Maryland DATE SIGNED 10/28/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Oct. 30, 1949; NAME OF CEMETERY OR CREMATORY Mable Memorial Chapel; LOCATION (City, town, or county) (State) Harrisonburg, Virginia

DATE REC'D BY LOCAL REG. 10-29-49; REGISTRAR'S SIGNATURE Loran M. Leaf Reg.

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf; Williamsport, Maryland

VS-A15

NOV 8 1919
BUREAU U. S.

10062

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) two days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Clayton (Last) Berger
4. DATE OF DEATH (Month) Oct. (Day) 27, (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb.2,1891
9. AGE last birthday 58 yrs. If under 1 year Months 8 Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (State or foreign country) Smithsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Berger
14. MOTHER'S MAIDEN NAME Susan Jane Poper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-10-9664
17. INFORMANT Mrs. William C. Berger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Venous mesenteric thrombosis	4 days.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary thrombosis	1 wk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Oct, 1949, to 27 Oct, 1949, that I last saw the deceased alive on 27 Oct, 1949, and that death occurred at 6:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon H Vaughn MD
ADDRESS Hagerstown Md
DATE SIGNED 10/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct.31,1949
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland.
DATE REC'D BY LOCAL REG. Oct. 29, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf; Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1949
BUREAU V. S.

Dr Earl Young
18 N Pct.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10063

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) Lakin Ave.

3. NAME OF DECEASED (Type or Print) (First) Dr. (Middle) Arthur (Last) Lee Blessing

4. DATE OF DEATH (Month) October (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 1 - 1868
9. AGE last birthday 81-1-24 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician
10b. KIND OF BUSINESS OR INDUSTRY General Practice
11. BIRTHPLACE (State or foreign country) Houston Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John P. Blessing.
14. MOTHER'S MAIDEN NAME Mary A. A. Stearns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Mrs. Bertha McCoy Blessing Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
610	Immediate cause	(a) Ruptured Abdominal Viscus	48 hrs
	Antecedent cause(s)		
195e	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atypical Pneumonia	3 wks
		(c) Prostatic Hypertrophy	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26/49, 19....., to 10/25/49, 19....., that I last saw the deceased alive on 10/24/49, 19....., and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S Earl Young MD
ADDRESS Hagerstown, Md
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 27. 1949
NAME OF CEMETERY OR CREMATORY St. Lukes Episcopal Cemetery
LOCATION (City, town, or county) (State) Brownsville Md.

DATE REC'D BY LOCAL REG. Oct. 27. 1949
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Best & Sons Boonsboro
ADDRESS

RECEIVED
29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10064

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 N. Jonathan St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 406 N. Jonathan Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) BRANCH SR.

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/3/1889

9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Shady Grove, Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Branch

14. MOTHER'S MAIDEN NAME: Susan Offered

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-3697

17. INFORMANT AND ADDRESS: Mrs. Leah Brooks Branch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332 Immediate cause (a) ARTERIOSCLEROSIS (GENERALIZED)

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL THROMBOSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Oct. 3, 1949, that I last saw the deceased alive on Oct. 2, 1949, and that death occurred at 4 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. Alan Harris, M.D. 651 Pennsylvania 10/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 10/6/49 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. 10.6.1949 | REGISTRAR'S SIGNATURE: Ghost Hoover | 24. FUNERAL DIRECTOR: William F Downey | ADDRESS: 29 W. Frederick st

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10065

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Pool
STREET ADDRESS (If rural, give location): Rural Big Pool

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	W.	Bridendolph	10	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	April 26, 1881	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Maryland	U.S.

13. FATHER'S NAME: Thomas Bridendolph

14. MOTHER'S MAIDEN NAME: Martha Weller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Albert Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	6 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Unknown
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-21, 1949, to 10-26, 1949, that I last saw the deceased alive on 10-26, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Hornbaker	M.D.	154 W. Wash. St. Hagerstown, Md	10/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 29, 1949	Park Head Cemetery	Park Head Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 29, 1949	Chas. H. Bowers	Adrian H. Rowland	Clear Spring, Md.

VS. A15

RECEIVED
NOV 1 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10066

Reg. Dist. No. 23 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (In this place) 3 months and 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 1201 48th Avenue

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) (Last) Brown

4. DATE OF DEATH: (Month) Oct. 8 (Day) (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 29, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Brown

14. MOTHER'S MAIDEN NAME: Amelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
450.0	Immediate cause	(a) Urinary Infection	4 days
97	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	?
		(c) Senile Dementia	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: No operation

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1949, to Oct. 8, 1949, that I last saw the deceased alive on Oct. 8, 1949, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lai (Degree or title) M.D. ADDRESS: Ritchie Hospital DATE SIGNED: Oct. 8, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: Oct 11, 1949 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county): Lanham Md (State)

DATE REC'D BY LOCAL REG. 10/10/49 | REGISTRAR'S SIGNATURE: Amanda Downey John R. Cochran

24. FUNERAL DIRECTOR: F. Tascia Sons Hyattsville Md. ADDRESS

RECEIVED
OCT 12 1949
BUREAU V. S.

10067

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Ditto

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.F.D.4
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fairview Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.F.D.4
STREET ADDRESS (If rural give location): Fairview Road

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) White (Last) Carpenter

4. DATE OF DEATH: (Month) Oct. (Day) 23. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan 27/1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maugausville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Carpenter

14. MOTHER'S MAIDEN NAME: Anna White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-10-3696

17. INFORMANT: Alice Carpenter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Coronary Hemorrhage — Interval Between Onset and Death: 36 hrs

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Renal — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22, 1949, to 10-23, 1949, that I last saw the deceased alive on 10-22, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE: A. W. Dietz (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 10-25-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/25/49 — NAME OF CEMETERY OR CREMATORY: Reffs Cemetery — LOCATION (City, town, or county) (State): Near Cearfoss, Md.

DATE REC'D BY LOCAL REG.: Oct. 25, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerston, Md.

VS. A15

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OCT 27 1949
BUREAU OF U. S.

Dr. Wells 10068

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 321 Fredrick St.

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) BRUCE (Last) CHRISSINGER
4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all except one): Married
8. DATE OF BIRTH: Sept. 30, 1881
9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Hag. Light Plnt.
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Clarence K. Chrissinger
14. MOTHER'S MAIDEN NAME: Sarah Kohler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Hattie E. Chrissinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute pulmonary artery thrombosis	2hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute cerebral thrombosis	Oct. 25 '49
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct/25'49, 19....., to Oct/31'49, 19....., that I last saw the deceased alive on Oct/31'49, 19....., and that death occurred at 2:40P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Robert Wells, M.D.
ADDRESS: Hagerstown, Md.
DATE SIGNED: Nov. 1 '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/3/49
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: Nov. 1. 1949
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md.

VS. A15

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10069

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 851 Florida Avenue	STREET ADDRESS (If rural, give location): 851 Florida Avenue

3. NAME OF DECEASED (Type or Print)	(First) Ellen	(Middle) Florence	(Last) Clark	4. DATE OF DEATH	(Month) Oct.	(Day) 31	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 7-5-1870	9. AGE last birthday: 79 yrs.	If under 1 year: Months 3	Days 28	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Frederick County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Isaac Rowe	14. MOTHER'S MAIDEN NAME: Josephine Creager						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT AND ADDRESS: George R. Clark					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s)		
95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Oct, 1949, to 31 Oct, 1949, that I last saw the deceased alive on 30 Oct, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldon G. Hoachlander	MD	Hagerstown Md	17/1/49

23. BURIAL, CREMATION REMOVAL, (Specify): Burial	DATE: 11-3-49	NAME OF CEMETERY OR CREMATORY: Chewsville Cemetery	LOCATION (City, town, or county) (State): Chewsville, Md.
DATE REC'D BY LOCAL REG.: Nov. 2. 1949	REGISTRAR'S SIGNATURE: Chas. H. Bowers	24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 4 1949
BUREAU V. S.

Dr. Welty
998 Potomac St.

10070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) Viola (Last) Clever
4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 2/22/1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) McConnellsburg Pa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John D. Kline
14. MOTHER'S MAIDEN NAME Annie Eckert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ellis R. Clever

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
442	Immediate cause	(a) Uremic Syndrome	10 days
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	4 years
		(c) Arteriolo-sclerotic Nephritis	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947, to October 30, 1949, that I last saw the deceased alive on Oct. 30, 1949, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE Dalton M. Welty (Degree or title) M. D. ADDRESS Hagerstown, Maryland DATE SIGNED 10-31-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/2/49
NAME OF CEMETERY OR CREMATORY Smithsburg Lutheran Cemetery
LOCATION (City, town, or county) Smithsburg (State) Md

DATE REC'D BY LOCAL REG. Oct. 31, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Walter Y. Grove, 27 S Church St, Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Yeager

10071

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 20 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 141 East Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) Mrs. Elta (Middle) Julia (Last) Connor

4. DATE OF DEATH: (Month) Oct. (Day) 23. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 13, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Schamel

14. MOTHER'S MAIDEN NAME: Julia Marker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ritchie W. Connor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
170	Immediate cause	(a) Cancer of Lung - Metastasis	March 1949
50	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer left Mammary	May 1946
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral Insufficiency — Oct. 25, 1934

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25-, 1934, to 10-23-, 1949, that I last saw the deceased alive on 10-23-, 1949, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Howard Yeager, MD		Hagerstown Maryland	Oct. 24, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/27/49	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 25, 1949	Ethel H. Bowers	Andrew K. Coffman.	Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr /Wells

10072

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 331 Carrolton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 331 Carrolton Ave

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) ELLSWORTH (Last) COOK

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept. 6, 1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: Vocational Center

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Cook

14. MOTHER'S MAIDEN NAME: Clementine Eichelberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Clarence Daywalt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 **Immediate cause** (a) Hypertensive vascular myocardial heart disease

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute cerebral hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sudden death, 19....., to about 4 A, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Robert Wells M.D. — ADDRESS DEPUTY MEDICAL EXAMINER WASH. CO., MD. — DATE SIGNED Hagerstown Md. Oct. 3. 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10/5/49 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG. Oct. 4 1949 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302 — 10073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1200 Bloomingdale Road

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Beck (Last) Cutty

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-29-1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months: 0 Days: 4 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benj. F. Beck

14. MOTHER'S MAIDEN NAME: Sophia Roseann Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Florence C. Langford, Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 40 hrs.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1949, to Oct 4, 1949, that I last saw the deceased alive on Oct 3, 1949, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE: Chas. F. Schuman (Degree or title) MD — ADDRESS: 1944 Washington St Hagerstown — DATE SIGNED: 10/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-6-49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Oct 5, 1949 — REGISTRAR'S SIGNATURE: Chas. F. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10074

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 9 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 South Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 45 South Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Carroll (Middle) John (Last) Darby

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 12/12/1908

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Resturant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank E. Darby

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 189/09/4599

17. INFORMANT: Pauline Cosgrove Darby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Vascular Hypertension (mild) — Interval Between Onset and Death: 2 yrs

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b) Myocardial infarction — ?

(c) Acute ventricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. heavy user of alcoholic drinks

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

sudden death found dead in bed

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at about 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED Oct. 24 '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/28/49 — NAME OF CEMETERY OR CREMATORY: WESTERN CEMETERY — LOCATION (City, town, or county) (State): BALTO. Maryland

DATE REC'D BY LOCAL REG. Oct. 25, 1949 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

RECEIVED
OCT 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10075

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 41 E. Antietam St.

3. NAME OF DECEASED (Type or Print): (First) Wayne (Middle) Sliver (Last) Fernsner

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 28, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rate Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railway Freight

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel H. Fernsner

14. MOTHER'S MAIDEN NAME: Mary E. Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-10-7380

17. INFORMANT: Mrs. Alvey Shupp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) coronary thrombosis (acute)

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) aretrio-sclerotic coronary heart disease

(c) Vascular hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or coodition causing death.

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ___ m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

Sudden death

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:55a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED Oct. 5 '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Oct. 6, 1949 — NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery — LOCATION (City, town, or county) (State) Near Clearspring Md.

DATE REC'D BY LOCAL REG. Oct. 6, 1949 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 8 1949
BUREAU V. S.

Dr. Conrad

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 10076

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brethedsville; LENGTH OF STAY (In this place) 2 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. State Reformatory Males

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 113 W. Perry St.

3. NAME OF DECEASED (Type or Print): (First) Purnell (Middle) (Last) Ferrel

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 9, 1927

9. AGE last birthday: 22 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Ferrel

14. MOTHER'S MAIDEN NAME: Mamie Ferrel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT: Md. State Reformatory Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 1 year

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1949, to Oct 11, 1949, that I last saw the deceased alive on Oct 10, 49, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert P. Conrad, M.D. ADDRESS: Hagerstown, Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10/14/1949

NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Oct 11 1949

REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

RECEIVED
OCT 18 1949
BUREAU T. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10077

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wash ington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 East Hillcrest Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 10 East Hillcrest Road

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Kreps (Last) Firey

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1898

9. AGE last birthday: 50 yrs. — If under 1 year: Months 9, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. Kreps

14. MOTHER'S MAIDEN NAME: Sarah McKinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO. 21-18-8472

17. INFORMANT AND ADDRESS: Miss Mary K. Firey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 Immediate cause (a) Carcinoma Cervix Uteri — Interval Between Onset and Death: 20 mos

Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Cervix

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Aug, 1949, to 22 Oct, 1949, that I last saw the deceased alive on 22 Oct, 1949, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE F F Firey (Degree or title) ADDRESS 230 W Potomac — DATE SIGNED 24 Oct 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-25-49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Greencastle, Pa.

DATE REC'D BY LOCAL REG. Oct. 24 1949 — REGISTRAR'S SIGNATURE Blanche Bowers

24. FUNERAL DIRECTOR — ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

RECEIVED
OCT 28 1949
BUREAU V. S.

10078

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 28 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Hospital	STREET ADDRESS (If rural, give location): 336 South Cleveland Ave.

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Henry	(Last) Fisher	4. DATE OF DEATH	(Month) Oct.	(Day) 4	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 6-2-1892	9. AGE last birthday: 57 yrs.	If under 1 year: Months 4, Days 2	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist	10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R. Shops	11. BIRTHPLACE (State or foreign country): Franklin County, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: George W. Fisher	14. MOTHER'S MAIDEN NAME: Hulda Jones						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 705-10-7438	17. INFORMANT AND ADDRESS: George A. Fisher					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Fissure — 3 wks

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 27, 1949, to Oct 4, 1949, that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. S W Ditto		Hagerstown Md	10/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10-7-49	NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: Oct. 5, 1949	REGISTRAR'S SIGNATURE: Chas H Howers	24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr. Zimmerman

2411 N. Charles Street, Baltimore

10079

CERTIFICATE OF DEATH

Reg. Dist. No. ~~302~~ 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Downsville — LENGTH OF STAY (in this place) 72 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Downsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Downsville RFD	STREET ADDRESS (If rural give location) Downsville RFD

3. NAME OF DECEASED (Type or Print)	(First) Bessie	(Middle) Long	(Last) Flook	4. DATE OF DEATH	(Month) 10	(Day) 27	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr. 27, 1877	9. AGE last birthday 72 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Downsville Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Issac Long	14. MOTHER'S MAIDEN NAME Ella Hagerman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. None	17. INFORMANT Howard Long					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral hemorrhage — 2 mos.

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 8 years

(c) None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to Oct. 27, 1949, that I last saw the deceased alive on Oct. 25, 1949, and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Williamsport, Md. DATE SIGNED 10/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/30/49	NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	LOCATION (City, town, or county) (State) Williamsport Md.
DATE REC'D BY LOCAL REG. Oct 30/49	REGISTRAR'S SIGNATURE E Lee McElroy	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 1 1949
BUREAU Y. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10080

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Home.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - 'Beaver Creek'
STREET ADDRESS (If rural, give location) Hagerstown Md. R. 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	O.	Foltz	October	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Jan. 16, 1865	84-9-8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Beaver Creek, Wash. Co. Md.	U. S. A.

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
ND		None.	Ralph J. Foltz Hagerstown Md. R. 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
592 Immediate cause (a)	Uraemia	10 days
Antecedent cause(s) 131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic glomerulo Nephritis	2 Yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 22, 1949, to Oct 24 1949, that I last saw the deceased alive on Oct 23, 1949, and that death occurred at 5 A — m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C H Buckley.	M.D.	Hagerstown, Md	10/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 27, 1949	Beaver Creek Cemetery	Beaver Creek	Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 27, 1949	Chas. H. Bowers	Wm. J. Bast & Sons	Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10081

CERTIFICATE OF DEATH

Reg. Dist. No. 24-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 45 Fairground Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Dey)	(Year)
Sharon	Sue	Foster	Oct.	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	8-27-1949	yrs.	1	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald E. Foster
14. MOTHER'S MAIDEN NAME: Ethel Maedeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Donald E. Foster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774 **Immediate cause** (a) Acute gastro enteritis etiology unknown — Interval Between Onset and Death: one week.

Antecedent cause(s)

119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1949, to 10-2, 1949, that I last saw the deceased alive on 10-2, 1949, and that death occurred at 12 04 P. m., from the causes and on the date stated above.

SIGNATURE: S. Margaret Sullivan (Degree or title) M.D. ADDRESS: 318 N. Potomac St. DATE SIGNED: 10-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 10-3-1949
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Oct 3, 1949
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR AND ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

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OCT 5 1949
BUREAU V. S.

10082

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1503 Virginia Ave.,	STREET ADDRESS (If rural, give location) 133 Belview Ave.,

3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) G.	(Last) Frost	4. DATE OF DEATH	(Month) 10	(Day) 30	(Year) 49 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1873	9. AGE last birthday 76 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME David Dayhoff	14. MOTHER'S MAIDEN NAME Barbara Bachtell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT George M. Frost					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Embolism. — 4 hours

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 1944

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Asthma — 1943

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1943, to Oct. 30, 1949, that I last saw the deceased alive on Oct. 24, 1949, and that death occurred at 6:00 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Howard Yeager, M.D		Hagerstown, Maryland	Oct 31, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 1, 1949	NAME OF CEMETERY OR CREMATORY Rose Hill	LOCATION (City, town, or county) (State) Hagerstown
DATE REC'D BY LOCAL REG. Oct. 31, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10083

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 39 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS rear 219 N. Cleveland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) rear 219 N. Cleveland Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Lester (Last) Gardner

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 27, 1898

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plummer

10b. KIND OF BUSINESS OR INDUSTRY: Plumming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Gardner

14. MOTHER'S MAIDEN NAME: Rose Ann Teach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-14-6354

17. INFORMANT: Herman Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 Immediate cause (a) Pneumonia, Lobar, Right Upper — Interval Between Onset and Death: 2 wks (Heart) 24 hrs certain

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1949 to Oct 28, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE W. J. Layman, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED Oct 28, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Oct. 31, 1949; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Oct. 30, 1949; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

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NOV 1 1949
BUREAU V. S.

216-14-635-4

10084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Pennsylvania COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 15 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home	STREET ADDRESS (If rural, give location) 5 West Queen St. ✓

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) Barbara	(Last) Grove	4. DATE OF DEATH	(Month) Oct	(Day) 5	(Year) 49 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb.3 1857	9. AGE last birthday 92 yrs.	If under 1 year Months 8	Days 2	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chambersburg Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Christian Pisle			14. MOTHER'S MAIDEN NAME Isabelle Gordon				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none		17. INFORMANT AND ADDRESS Barkeley Grove 5 W Queen Ch'bg Pa.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic heart disease

Antecedent cause(s) (b) Pulmonary edema due to

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to ....., 19....., that I last saw the deceased alive on Aug, 1948, and that death occurred at 500A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert T. Keadle — ADDRESS for F.F. Lusby MD — DATE SIGNED 10.5.49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 10/8/49	NAME OF CEMETERY OR CREMATORY Cedar Grove	LOCATION (City, town, or county) Franklin Co. (State) Pa.
DATE REC'D BY LOCAL REG. Oct. 5. 1949	REGISTRAR'S SIGNATURE Chas. H. Howard	24. FUNERAL DIRECTOR Sellers Funeral Home Ch'bg Pa.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10085

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN | LENGTH OF STAY (in this place) 9-24-49 & 10-7-49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE West Virginia — COUNTY Route #4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #4
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BARBARA	SUE	HAINES	10	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	SINGLE	3-22-49	yrs.	6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN R. HAINES
14. MOTHER'S MAIDEN NAME: Velma Pauline Lohitacre
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John R. Haines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
325.4 Immediate cause	(a) Fever of unknown origin	20 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 157.2	(b) Congenital Heart Disease	Birth
	(c) Mongolism	Birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-19, 1949, to 10-7, 1949, that I last saw the deceased alive on 10-7, 1949, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. Mayard Shellman	M.D.	318 N. Potomac St	10-7-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal Burial	10/9/49 10-7-49	Chestnut Grove nr Winchester, Va.	Martinsburg W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 7, 1949	Chas. H. Bowers	Howard K. Brown	Martinsburg W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10086

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 83 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5 Leitersburg Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) Route 5 Leotersburg Pike

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) Altoona (Last) Hartle

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 1, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Hartle

14. MOTHER'S MAIDEN NAME: Ann Trobinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Otho M. Hartle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardiovascular-renal Disease — Interval Between Onset and Death: 6 mo.

442

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 1949 to Oct. 7, 1949 that I last saw the deceased alive on Oct. 7, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE Ra Bell (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED October 8, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Oct. 10, 1949; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Oct. 9, 1949; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.

RECEIVED
OCT 11 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

10087

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 3 months 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24
STREET ADDRESS (If rural, give location) 5001 Foster Ave

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) JEFFERSON (Last) HAYDEN

4. DATE OF DEATH (Month) Oct. (Day) 30 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 22, 1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Jefferson
14. MOTHER'S MAIDEN NAME Elisabeth Gatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-10-1576
17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
710.0	Immediate cause	(a) Dermatomyositis (Underlying cause) (11/22/49 - D.S.)	6 months
113	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Old pulmonary tbc (inactive)	4 " "
		(c) Emphysema	undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct. 30, 1949, and that death occurred at 11 45 A. m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas (Degree or title) M.D. ADDRESS Ritchie Hospital Cascade, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 3, 1949
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REG. 11/14/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR John H. Moran — ADDRESS 3000 E. Balto St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10088

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Willard (Middle) Mason (Last) Huff St.

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 12 1881

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm. F. Huff

14. MOTHER'S MAIDEN NAME: Margaret Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Alice Huff, Leitersburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	18 hours
334 Antecedent cause(s)		
83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia Left	10 yrs
	(c) Arteriosclerosis generalized	14 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14 1949 to Oct 7, 1949, that I last saw the deceased alive on Oct 7, 1949 and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G.G. Kohler M.D. Leitersburg Oct 7 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 10/9/49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) — (State)
Leitersburg Luthern Leitersburg Md.

DATE REC'D BY LOCAL REG. Oct 7-49 — REGISTRAR'S SIGNATURE Geo W. Ferguson

24. FUNERAL DIRECTOR — ADDRESS
Walter J. Grove Waynesboro Pa.

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10089

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Hagerstown #5
MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Hagerstown #5

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Lesher H. (Last) Hykes

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: April 3 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Broadfording Wash Co.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mason Hartranft

14. MOTHER'S MAIDEN NAME: Lesher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mr. Russell Provard Hagerstown #5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) cerebral embolus — 10 days

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1949, to Oct 20, 1949, that I last saw the deceased alive on Oct 20, 1949, and that death occurred at 10 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter R. Talmage MD. ADDRESS: Waynesboro Pa. DATE SIGNED: Oct. 20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 10/23/49 NAME OF CEMETERY OR CREMATORY: Green Hill LOCATION (City, town, or county) (State): Waynesboro Franklin Pa.

DATE REC'D BY LOCAL REG.: Oct 21-49 REGISTRAR'S SIGNATURE: George W Ferguson

24. FUNERAL DIRECTOR ADDRESS: Walter J. Goode, Waynesboro Pa.

RECEIVED
OCT 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10090

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Convelecent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chambersburg
STREET ADDRESS (If rural, give location): 174 E. Queen St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cora	Amelia	Jacoby	Oct.	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	9/21, 1883	66 yrs.	0	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chambersburg
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: J. Henry Jacoby
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. John Raifsnider Chambersburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Endocarditis	(?)
Antecedent cause(s)	(b) Rheumatoid arthritis	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Undetermined	

722.0
92e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0	0	0	—	

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
0			m.	0		

22. I hereby certify that I attended the deceased from May 27, 1949, to 10/3-, 1949, that I last saw the deceased alive on 10/3, 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE: Victor D. Miller (Degree or title) ADDRESS: DR. VICTOR D. MILLER HAGERSTOWN, MD. 131 W. WASHINGTON ST DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 6, 1949	Cedar Grove	Franklin County.	Pa.

DATE REC'D BY LOCAL REG. Oct. 4/1949
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Sellers Funeral Home Chambersburg

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10091

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 58 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 W. North Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 58 W. North Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) COLMAN (Last) JONES

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 14, 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Columbia County, S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Jones

14. MOTHER'S MAIDEN NAME: Harriet Colman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ns (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Robert S. Jones - 2213 E. 82nd St Cleveland Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 minutes

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948 to Aug 10th, 1949, that I last saw the deceased alive on Aug 10, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Phillips Coleman M.D. ADDRESS: 159 W. Washington St Hagerstown DATE SIGNED: 10/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 10/7/1949 NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 7. 1949 REGISTRAR'S SIGNATURE: Chas. H. Wockers

24. FUNERAL DIRECTOR: William H. Downey ADDRESS: Frederick St Hagerstown

RECEIVED
OCT 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10092

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 18 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna; COUNTY Franklin; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mercersburg, Pa.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (Mrs.) (First) Gertrude (Middle) A. (Last) Kempton

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1949

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 12/4/1860

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Mayberry

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: H.M. Kempton, Mercersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Arteriosclerotic Cardiac Vascular Disease with myocardial failure — Interval Between Onset and Death: 10 yrs +

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NM

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NM

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 July, 1949, to 19 Oct, 1949, that I last saw the deceased alive on 19 Oct, 1949, and that death occurred at 3.35 P m., from the causes and on the date stated above.

SIGNATURE: F F Lusby (Degree or title) MD ADDRESS: 230 N Potomac DATE SIGNED: 10/21/49

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION; DATE: 10/25/49; NAME OF CEMETERY OR CREMATORY: FORREST DALE CEM; LOCATION (City, town, or county) (State): MALDEN, MASS.

DATE REC'D BY LOCAL REG.: Oct. 19. 1949; REGISTRAR'S SIGNATURE: Chas. H. Bowers; 24. FUNERAL DIRECTOR: H.M. Zinnger; ADDRESS: Mercersburg, Pa.

230 N. Potomac 2696
Ft Hdw. Height 1094R

RECEIVED
OCT 21 1949
BUREAU V. S.

10093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keedysville Md. R. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Keedysville Md. R. 1.

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) A. (Last) Kline

4. DATE OF DEATH (Month) (Day) (Year) October - 2 - 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May. 30. 1889
9. AGE last birthday 60-4-2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Near Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Greenawalt
14. MOTHER'S MAIDEN NAME Angie Mumford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs. Norman Edlebhite Keedysville Md R1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260	Immediate cause	(a) Cardio Vascular Disease —	5 yrs.
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Haemorrhage —	3 days
		(c) Diabetes.	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1949, to Oct 2, 1949, that I last saw the deceased alive on Oct 2, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE G W Selvan (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED Oct. 3, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF Oct 4. 1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Oct 4. 49
REGISTRAR'S SIGNATURE R H Geeting
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10094

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 N. Conococheague St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 26 N. Conococheague St.

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Henry (Last) Koons

4. DATE OF DEATH: (Month) Oct. (Day) 7, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 8 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor.

10b. KIND OF BUSINESS OR INDUSTRY: Mill Easton Rollin

11. BIRTHPLACE (State or foreign country): York County, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Koons

14. MOTHER'S MAIDEN NAME: Margaret Burkenhizer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 216-10-8328

17. INFORMANT: Mrs. Katie Koons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Carcinoma of Rectum.

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Oct 7, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 3 45 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Williamsport Md. DATE SIGNED 10/12/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 10/9/49; NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery; LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/11/49; REGISTRAR'S SIGNATURE E Lee McElwee

24. FUNERAL DIRECTOR ADDRESS Mrs. Edith V. Leaf; Williamsport, Md.

VS. A15

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10095

2411 N. Charles Street, Baltimore

Dr. Wells

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH

COUNTY: Washington — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 10 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 63 East Ave

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 63 East Ave

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) ALBERT (Last) KRETSINGER

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 2 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Hag. Leather Co

11. BIRTHPLACE (State or foreign country): Beaver Creek Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ezra Kretsinger

14. MOTHER'S MAIDEN NAME: Susan Gantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-12-0870

17. INFORMANT: Mrs Margaret Kretsinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): arterio-sclerotic heart disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): acute coronary occlusion

93d (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sudden death, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. Robert Wells, M.D. — DEPUTY MEDICAL EXAM. WASH. CO., MD. — ADDRESS: Hagerstown, Md. — DATE SIGNED: Oct. 3 '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/4/49

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Oct. 4, 1949

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

RECEIVED
OCT 6 1949
BUREAU V. S.

10096

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Sharpsburg
STREET ADDRESS (If rural, give location) Antietam Furnace

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Franklin Kretzer
4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/7/20
9. AGE last birthday 29 yrs. If under 1 year Months 9 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver Tow-Wagon
10b. KIND OF BUSINESS OR INDUSTRY Victor Products
11. BIRTHPLACE (State or foreign country) Antietam, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Oliver F. Kretzer
14. MOTHER'S MAIDEN NAME Mae Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY No. (213-18-9222)
17. INFORMANT Mrs. Mae Kretzer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Coronary Sclerosis	2 months
434.3	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	1 yr plus
93d		(c) Cors Bovis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 24, 1949, to Oct. 7, 1949, that I last saw the deceased alive on Oct. 4, 1949, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) MD ADDRESS Sharpsburg, Md DATE SIGNED Oct 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/12/49
NAME OF CEMETERY OR CREMATORY Antietam National Cem.
LOCATION (City, town, or county) (State) Sharpsburg, Maryland

DATE REC'D BY LOCAL REG. Oct. 8, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Mrs. Edith V. Leaf; ADDRESS Williamsport, Md.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10097

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville R.F.D. LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS — — —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville Wash. Co. Md
STREET ADDRESS (If rural, give location) none Chewsville Md

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Franklin (Last) Kuhn

4. DATE OF DEATH (Month) Oct (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 23 - 1867
9. AGE last birthday 82 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker & Farmer
10b. KIND OF BUSINESS OR INDUSTRY Trucker & Farmer
11. BIRTHPLACE (State or foreign country) Pondsville - Wash. - Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George F. Kuhn
14. MOTHER'S MAIDEN NAME Mary Ellen Sensenbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT George F. Kuhn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
160 Immediate cause	(a) Carcinomatosis	2 wks
53 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Carcinoma of Nose & face	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis (generalized) 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1949, to Oct 16, 1949 that I last saw the deceased alive on Oct 16 1949 and that death occurred at 1 A.M. m., from the causes and on the date stated above.

SIGNATURE G. G. Kohler (Degree or title) M. D. ADDRESS Smithsburg DATE SIGNED 10/16/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF Oct. 18 - 1949 NAME OF CEMETERY OR ~~CREMATORY~~ Dunkard LOCATION (City, town, or county) Beaverscreek - (State) Md.

DATE REC'D BY LOCAL REG. Oct 16-49 REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Geo B. Hoover ADDRESS Smithsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1949
BUREAU T. S.

Dr. Yeager

10098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 38 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 Hamilton Blvd.	STREET ADDRESS (If rural give location) 811 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print)	(First) Sallie	(Middle) Snyder	(Last) Lakin	4. DATE OF DEATH	(Month) Oct. (Day) 6 (Year) 49 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH August 16, 1865	9. AGE last birthday 84 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hagerstown Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Snyder		14. MOTHER'S MAIDEN NAME Margaret Kemp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) --	16. SOCIAL SECURITY No. None	17. INFORMANT Mrs Fern Ridenour			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Acute Cardiac Failure	8 days
50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	20 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca Sep. Mammary — 5 yrs

19a. DATE OF OPERATION 1-22-43	19b. MAJOR FINDINGS OF OPERATION Amputation Sep Mammary Gland - Ca	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) ✓	(COUNTY) ✓	(STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓	HOW DID INJURY OCCUR? ✓		

22. I hereby certify that I attended the deceased from 10-12-, 1921, to 10-6-, 1949, that I last saw the deceased alive on 10-5-, 1949, and that death occurred at 7:58 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Howard Yeager	M.D.	Hagerstown, Md	10-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/8/49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. Oct. 7, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1949
BUREAU V. S.

~~Birth and~~ Death 10099

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ Death

Reg. Dist. No. 202

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

M

C

Child lived 4 hrs 11 min.

I

1. PLACE OF BIRTH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: Washington County Hospital

Length of mother's stay in County 17 years.
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 38 Summit Ave.
(If RURAL give LOCATION)

3. Name of child Baby Girl Lane

4. Date of birth October 10 1949 Hour 4:54 P.M.

5. Sex Female 6. Twin or triplet

7. No. of weeks pregnancy 26 Weeks

FATHER OF CHILD

8. Full name Neil Royce Lane

9. Color White 10. Age at time of this birth 19 yrs.

11. Usual occupation Cook @ Shangrila Restaurant

MOTHER OF CHILD

12. Full maiden name Audrey Joan Brown

13. Color White 14. Age at time of this birth 17 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 1 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of

(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)

(b) State all operations, if any

(c) Did child die before operation?

During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Prematurity 26 wks

776 (b) Maternal causes

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

159 Signature [signature] MD
(Specify if M. D., midwife, or other)

Address Hagerstown Md

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 10-11-49 (month) (day) (year)

(c) Cemetery or crematory Hagerstown Md Rest Haven Cem.

24. (a) Funeral director Andrew K. Coffman

(b) Address Hagerstown Maryland.

25. (a) Oct. 11, 1949 (Date rec'd by registrar) (b) Chas H Bowers (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

V. S. A10

RECEIVED
OCT 13 1949
BUREAU V. S.

10100

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Amy (Middle) C, (Last) Layton
4. DATE OF DEATH (Month) Oct. (Day) 15 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 24, 1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT Mrs. Frank Monninger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Chr. Glomerular Nephritis	3 mo
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal disease.	1 yr
	(c) Anasarca	1 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1949, to Oct. 15, 1949, that I last saw the deceased alive on Oct. 13, 1949, and that death occurred at 1 a m., from the causes and on the date stated above.

SIGNATURE Ernest F. Foole Mn D (Degree or title) ADDRESS Hagerstown Md. DATE SIGNED 10/17/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 18, 1949
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. Oct. 18. 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10101

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (If this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural give location) Hagerstown Rt. 3

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Edith (Last) Leedy

4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 11, 1908 | 9. AGE last birthday: 41 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Mt. Union Penna. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry A. Pennabaker

14. MOTHER'S MAIDEN NAME: Ann Showalter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT: Mrs. Dorthy French

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: 3 days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Multiple Thrombosis Arteries — 10 days
(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1942, to Oct. 25, 1949, that I last saw the deceased alive on Oct. 25, 1949, and that death occurred at 6:55 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney Noventer M.D. Funkstown Md Oct. 26-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct 28, 1949 | NAME OF CEMETERY OR CREMATORY: Broadfording | LOCATION (City, town, or county) (State): Broadfording Md.

DATE REC'D BY LOCAL REG. 10/27/1949 | REGISTRAR'S SIGNATURE Chas. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

RECEIVED
OCT 28 1949
BUREAU V. S.

Dr. Wm. Layman

10102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1029 Pennsylvania Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1029 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) HALLOWELL (Last) LOVETT

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 20, 1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Chester City Penna.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cornelius Hallowell

14. MOTHER'S MAIDEN NAME: Annie Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Edward L. Vail

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Sclerosis — Instantaneous

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Indeterminate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14 49, to Oct 25 49, that I last saw the deceased alive on Oct 14, 19 49, and that death occurred at 10 15 A.m., from the causes and on the date stated above.

SIGNATURE: W. D. Layman — (Degree or title): M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED: Oct 27, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/29/49 — NAME OF CEMETERY OR CREMATORY: New London Presbyterian Cem. — LOCATION (City, town, or county) (State): New London Penna.

DATE REC'D BY LOCAL REG.: Oct. 27. 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10222

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3-00

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harper's Ferry Rt.1
LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harper's Ferry Rt. 1
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Van-Buren (Last) Marshall

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 3, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Vic. Prod,-Hag. Md

11. BIRTHPLACE (State or foreign country): Porterstown Md

12. CITIZEN OF WHAT COUNTRY?: U. S

13. FATHER'S NAME: John Marshall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-10-3631

17. INFORMANT: Allen Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	1 hour.
421.4 Antecedent cause(s)	(b) Chronic Valvular Heart Disease	2 years.
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 5 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Oct 27, 1949, to Oct 29, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE: Walter H. Brady (Degree or title): Dr. D ADDRESS: Sharpsburg, Md. DATE SIGNED: Oct 31, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 1, 1949 | NAME OF CEMETERY OR CREMATORY: Mt. View | LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REG.: 12-31-49 | REGISTRAR'S SIGNATURE: Clyde Boyer

24. FUNERAL DIRECTOR ADDRESS: R. I. Earnshaw--Keedysville, Md.

RECEIVED
DEC 7 1949
BUREAU V. S.

Evidence for addition of 21 shown on:

10103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 122 NOV 22 1949

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 545 Ridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 545 Ridge Ave,

3. NAME OF DECEASED (Type or Print) (First) George (Middle) F (Last) May
4. DATE OF DEATH (Month) Oct. (Day) 7 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 27-1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William H. May
14. MOTHER'S MAIDEN NAME Amelia Purchel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ------
17. INFORMANT Mrs. Minnie C. May

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	4 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture rt femur	7 mos
	(c)	

902.0
186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pt. Home
(CITY OR TOWN) Ridge Avenue Hagerstown, (COUNTY) Wash. Co., (STATE) Md
TIME OF INJURY (Month) March (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Pt fell off his porch. [11/21/49 akc]

22. I hereby certify that I attended the deceased from 1-1, 1949, to 10-7-49, 19..., that I last saw the deceased alive on 10/6, 1949, and that death occurred at 9 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Erkling MD
ADDRESS Hagerstown, Md
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 9, -49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. Oct. 8, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10104

Reg. Diat. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Breathedsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 11 mos. 13 das.

Hospital, institution, or street address where death occurred: Maryland State Reformatory for Males

How long in hospital or institution? 1 yr. 11 mos. 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 410 N. Carey St. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Daniel Raleigh McMurray

3.(b) Social Security Number: 230-20-408

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age: --

7. Birth date of deceased (mo., day, yr.): June 28, 1929

8. AGE: Years	Months	Days	If less than one day
20	3	3	hrs. min.

9. Birthplace: Danville, Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ---

FATHER — 12. Name: George McMurray, Sr.

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Viola M. Fuller

15. Birthplace: Virginia

16. Informant: George McMurray Sr.

Address: Danville Va.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 10/3/49 (month) (day) (year)

Cemetery or crematory: Oak Hill Cemetery

Location: Danville Va.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown Md.

19. Oct. 3, 1949 (Date rec'd by registrar) John H. Bart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1, 19 49, at 11:20a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15, 19 49, to Oct 1, 19 49

and that I last saw him alive on Oct 1, 19 49

Immediate cause of death	DURATION
Pulm. Tuberculosis	3 mos.
Due to	
Due to	
Other conditions	

002

136 (Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert P. Conrad, M.D. M. D. or other

Address: Hagerstown, Md. Date signed: 10-1-49

RECEIVED
OCT 6 1969
BUREAU A. &

Dr Keadle

10105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 129 Elm St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 129 Elm St.

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) JANE (Last) METZ

4. DATE OF DEATH: (Month) (Day) (Year) Oct 11 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 4 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mt. Lena Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Simon Lizer

14. MOTHER'S MAIDEN NAME: Mary Jane Fockler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs John Mc Curdy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema.	24 hrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	?
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. May 6, had cerebral crisis.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948 to Oct, 1949, that I last saw the deceased alive on Sept, 1949, and that death occurred at 10:25 A. m., from the causes stated the date stated above.

SIGNATURE: Robert T. Keadle M.d (Degree or title) — ADDRESS: ROBERT T. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/13/49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Oct. 13 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
OCT 15 1940
BUREAU V. R.

Evidence for addition in #21 shown on:

FILM No. G 122 NOV 22 1949

10106

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursery Road Halfway Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Nursery Road Halfway Md.

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) (Last) Mills
4. DATE OF DEATH (Month) October (Day) 11 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 4 1901
9. AGE last birthday 48 yrs. If under 1 year Months 6 Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Williamsport Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John E. Wolf
14. MOTHER'S MAIDEN NAME Mary F. Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Victor Mills (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

910.0 Immediate cause (a) Fractured skull (open)

186b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Open fracture lower left tibia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
(CITY OR TOWN) R.F.D. Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) October (Day) 11 (Year) 49 (Hour) 9:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Tree fell on her in her backyard — Field on farm [11/21/49 abcc]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mello M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 10/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 13 1949
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) Williamsport Maryland (State)
DATE REC'D BY LOCAL REG. Oct 13-1948
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Edith V. Leaf
ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10107

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pangborn Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Pangborn Blvd. R.R.F. #5

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Cyrus (Last) Minnick
4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 10-22-1872
9. AGE last birthday: 77 yrs. If under 1 year: Months 0, Days 9, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miller
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Minnick
14. MOTHER'S MAIDEN NAME: Katherine Springer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-09-6376
17. INFORMANT AND ADDRESS: Richard D. Minnick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertensive cardiovascular disease, — 7 months

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

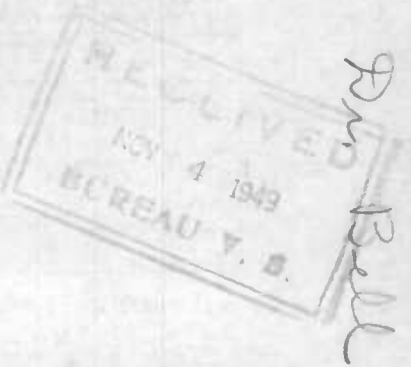
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 3, 1949, to Oct. 31, 1949, that I last saw the deceased alive on Oct. 29, 1949, and that death occurred at 6:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. A. Bell M. D. Hagerstown, Md. Nov. 2, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 11-2-49
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Nov. 2. 1949
REGISTRAR'S SIGNATURE: Chas. H. Howard
24. FUNERAL DIRECTOR: O. M. Suter & Sons, Hagerstown, Md. ADDRESS


RECEIVED
NOV 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10108

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (In this place) 9/1/49 to 10/17/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) (Last) MOORE

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8/9/1872

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Pope

14. MOTHER'S MAIDEN NAME: Laura —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia — 18 days

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

97

(b) Arteriosclerosis (marked) — On admission

(c) Senility — On admission

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Cataracts

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1949, to 10/17, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 320 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paas M.D. Ritchie hospital, Cascade Md. 10/17/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 19-49 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: Oct 17-49 — REGISTRAR'S SIGNATURE: Geo. W Ferguson

24. FUNERAL DIRECTOR — ADDRESS: H. W. Pippin & Son Elkton Md.

VS. A15

RECEIVED
OCT 19 1949
BUREAU V. M.

Dr. Wm Layman

10225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown — LENGTH OF STAY (in this place) 2 Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown RFD#2	STREET ADDRESS (If rural give location) 847 Virginia Ave.

3. NAME OF DECEASED (Type or Print)	(First) GARY	(Middle) LEE	(Last) MULLENIX	4. DATE OF DEATH	(Month) October (Day) 30 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 21, 1940	9. AGE last birthday 8 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Hagerstown Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Mullenix	14. MOTHER'S MAIDEN NAME Lucille Castle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --	16. SOCIAL SECURITY No. None	17. INFORMANT Mrs Lucille Mullenix			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal obstruction — 24 hours

570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

87e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spastic paraplegia (birth injury). Epilepsy — 8 yrs 5 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Oct 30, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 11:35 P m., from the causes and on the date stated above.

SIGNATURE W. T. Layman (Degree or title) M Dr. ADDRESS Hagerstown, Md DATE SIGNED 31 Oct 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/2/49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. Nov. 1, 1949	REGISTRAR'S SIGNATURE Greg M. Fochler Dept Local.	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10109

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 68 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Moller Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 11 Moller Ave.,

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) J. (Last) Mundey

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 13, 1881

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Conductor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. Mundey

14. MOTHER'S MAIDEN NAME: Anna Whorton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Richard W. Mundey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma lines — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

156.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 f

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1949, to Oct 4, 1949, that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. L. Porterfield M.D. — ADDRESS: 136 W Washington St — DATE SIGNED: 10/6/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 7, 1949 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Oct 6 1949 — REGISTRAR'S SIGNATURE: Elliott Bovard

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

RECEIVED
OCT 8 1949
BUREAU V. S.

10110

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilson
LENGTH OF STAY (in this place) 6wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) C. (Last) MURRAY

4. DATE OF DEATH (Month) OCTOBER (Day) 5 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-24-71
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Murray
14. MOTHER'S MAIDEN NAME Ella Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-07-0345
17. INFORMANT Lauren Murray - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF THE COLON	UNKNOWN
153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
46a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS UNKNOWN; SENILITY UNKNOWN

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 6, 1949, to OCT. 5, 1949, that I last saw the deceased alive on OCTOBER 4, 1949, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (Degree or title) M.D. ADDRESS CLEAR SPRING MARYLAND DATE SIGNED OCTOBER 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-8-49
NAME OF CEMETERY OR ~~CREMATORY~~ Warfordsburg Pres.
LOCATION (City, town, or county) Warfordsburg, (State) Penna.

DATE REC'D BY LOCAL REG. 10-7-49
REGISTRAR'S SIGNATURE [signature] Dept.
24. FUNERAL DIRECTOR Charles R. Bast, ADDRESS Hancock, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 8 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10111

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) Williamsport Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Smith	Obitts	Oct.	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	July 4 1870	79 yrs.	3	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boatsman C.& O. Canal	Boatsman	Williamsport Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Obitts	Carolina Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	George William Obitts (Williamsport)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
334 Immediate cause	(a) Cerebral Apoplexy	Immediate
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/3/49, 19..., to 10/3/49, 19..., that I last saw the deceased alive on 10/3/49, 19..., and that death occurred at 2 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. F. Power M. D. Williamsport Md. 10/4/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 6 1949	Riverview Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct 6 49	E Lee McElroy	Edith V. Leaf Williamsport Maryland

RECEIVED
OCT 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10112

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural give location) Hagerstown Rt. 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Linda	Elaine	Peck	October 5, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	Aug. 31, 1949	--- yrs.	1	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David E. Peck
14. MOTHER'S MAIDEN NAME: Ruth B. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT: Mr. David E. Peck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Convulsions	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia Secondary to Mumps.	?
	(c) Pertussis	4 weeks

056.1
9

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 3, 1949 to Oct 5, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Scott F. Minnich & Son Hagerstown Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 6-49	Rest Haven Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 12, 1949	Blanche Bowers	Scott F. Minnich & Son	Hag. Md.

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OCT 14 1949
BUREAU V. S.

10113

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1020 Pope Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1020 Pope Ave.

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) F. (Last) Phelps

4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH August 20, 1867

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Wilma Ankeney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

199.1 Immediate cause (a) Intestinal obstruction 8 day

55 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Visceral Cancer Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-49, 19....., to 10.23.49, 19....., that I last saw the deceased alive on 10/22/49, 19....., and that death occurred at 2.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl Young MD Hagerstown Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/26/49

NAME OF CEMETERY OR CREMATORY Tuscorara Cemetery

LOCATION (City, town, or county) (State) Martinsburg, W. Va.

DATE REC'D BY LOCAL REG. Oct. 25, 1949

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1949
BUREAU V. S.

10114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville — LENGTH OF STAY (in this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1, Harpers Ferry, W.Va.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Reynolds

4. DATE OF DEATH: (Month) October (Day) 19, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 9/7/03

9. AGE last birthday: 46 yrs. — If under 1 year: Months 1 Days 12 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman

10b. KIND OF BUSINESS OR INDUSTRY: B.&O. R.R. Co.

11. BIRTHPLACE (State or foreign country): Pleasantville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Franklin Reynolds

14. MOTHER'S MAIDEN NAME: Daisy Sophia Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 236-14-8235

17. INFORMANT: Mrs. Bessie Bowers, R.F.D.#1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary occlusion — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertensive-arteriosclerotic heart disease — 1 year +

(c) hypertension — 1 year +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Dec, 1948, to 1905, 1949, that I last saw the deceased alive on 1905, 1949, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE Donald K. McLyre — (Degree or title) MD — ADDRESS Bolivar, W.Va — DATE SIGNED 19 Oct 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/21/49 — NAME OF CEMETERY OR CREMATORY Antietam Nat'l. Cemet. — LOCATION (City, town, or county) (State) Sharpsburg, Md.

DATE REC'D BY LOCAL REG. Oct 20 1949 — REGISTRAR'S SIGNATURE Cornelius H. Castle — 24. FUNERAL DIRECTOR Melvin T. Stuart — ADDRESS Charles Town, W.Va

VS. A15

RECEIVED
OCT 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10115

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 467 McDowell Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural, give location): 467 McDowell Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Rice
4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 11-10-1874
9. AGE last birthday: 74 yrs. — If under 1 year: Months 10 Days 27 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maugansvillw, Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Wilfred Rice
14. MOTHER'S MAIDEN NAME: Elizabeth Socks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-20-3421
17. INFORMANT AND ADDRESS: Mrs. Susan Keedy, Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 48 hrs

610 Antecedent cause(s)

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mrimia — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy — 6 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48, 19....., to 10-7, 1949, that I last saw the deceased alive on 10/6/49, 19....., and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE: Earl Young MD (Degree or title) — ADDRESS: Hagerstown, Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-9-49 — NAME OF CEMETERY OR CREMATORY: Salem Church Cemetery — LOCATION (City, town, or county) (State): Salem, Maryland
DATE REC'D BY LOCAL REG.: Oct. 8, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR — ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1917
BUREAU V. S.

Dr. Bell

10116

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 40 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 238 E. Antietam St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Welsh (Last) Schildtknecht

4. DATE OF DEATH: (Month) Oct, (Day) 4, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: June 6, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Funkstown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ezra Schildtknecht

14. MOTHER'S MAIDEN NAME: Catherine Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---; (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Chester Hartle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia. — Interval Between Onset and Death: 4 days

491 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 107 (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1949, to Oct. 4, 1949, that I last saw the deceased alive on Oct. 4, 1949, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. A. Bell M.D. Hagerstown Md. October 7, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10/9/49; NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery; LOCATION (City, town, or county) (State): Funkstown Wash. Md

DATE REC'D BY LOCAL REG. Oct. 7. 1949; REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman; ADDRESS: Hagerstown Md.

RECEIVED
OCT 10 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Le Van

10117

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro R.F.D
LENGTH OF STAY (in this place): 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fahrney Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 78 Summit Ave

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) AMELIA (Last) SEBOLD

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 1 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Wm Bowers

14. MOTHER'S MAIDEN NAME: Mary Jane Spong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Theadore H. Everett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease — Interval Between Onset and Death: 10 yr

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Oct 2, 1949, that I last saw the deceased alive on Oct 1, 1949, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

SIGNATURE: G W Leffen (Degree or title): M. D. ADDRESS: Boonsboro DATE SIGNED: 10/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/6/49

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg Wash. Co. Md

DATE REC'D BY LOCAL REG.: Oct 3 1949

REGISTRAR'S SIGNATURE: John D. Bast

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10118

Reg. Dist. No. 302

Evidence for change of age shown on:

FILM No. G 122 NOV 1 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Clear Spring, Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring
STREET ADDRESS (If rural give location): R.F.D. 2

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Richard (Last) Seibert

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11-13-1873

9. AGE last birthday: 76 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clear Spring, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Seibert

14. MOTHER'S MAIDEN NAME: Mary Elizebeth Foulke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Harry R. Seibert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) SUBARACHNOID HEMORRHAGE — 6 HOURS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) LEUKEMIA, LYMPHOGENOUS, CHRONIC — 1 YEAR

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCTOBER 25 49, to OCT. 10, 1949, that I last saw the deceased alive on OCT. 10, 1949 and that death occurred at 12.25 P m., from the causes and on the date stated above.

SIGNATURE: Julius Robert Cohen — (Degree or title) M D — ADDRESS: CLEAR SPRING, MD — DATE SIGNED: 10/11/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 12, 1949 — NAME OF CEMETERY OR CREMATORY: St. Pauls — LOCATION (City, town, or county) (State): Near Clear Spring, Md.

DATE REC'D BY LOCAL REG.: Oct. 11 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Adrian J. Rowland — ADDRESS: Clear Spring, Maryland.

VS. A15

RECEIVED
OCT 13 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10119

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisburg, Pa; STREET ADDRESS (If rural, give location) 548 Slaffer Street ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Sikes

4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White (one)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. 2 Days 9 If under 24 hrs.: Hours 17 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) unknown

(c) Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1949, to Oct. 20, 1949, that I last saw the deceased alive on Oct. 20, 1949, and that death occurred at 11:55 A. m., from the causes and on the date stated above.

SIGNATURE Sucher Wang (Degree or title) ADDRESS DATE SIGNED Oct 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Oct 24, 1949; NAME OF CEMETERY OR CREMATORY Sheop's, Harrisburg Pa.; LOCATION (City, town, or county) Harrisburg; (State) Pa.

DATE REC'D BY LOCAL REG. Oct. 20, 1947; REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman; ADDRESS Hagerstown Md.

RECEIVED
OCT 22 1949
BUREAU V. S.

10223

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hagerstown
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Northern Ave, Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hagerstown
STREET ADDRESS (If rural, give location) Northern Ave, Hagerstown

3. NAME OF DECEASED (Type or Print): (First) MINA (Middle) FONTAINE (Last) SKYLES
4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW
8. DATE OF BIRTH: April 7, 1874
9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): STANTON - VA.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: NEAMIAH FONTAINE
14. MOTHER'S MAIDEN NAME: MARY KATHARINE WELCH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Eleanor Pollard (daughter), Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 1938

422.1

Antecedent cause(s)

92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Aortic Regurgitation — 1938

(c) General Arterio Sclerosis — 1936.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None
(CITY OR TOWN) (COUNTY) (STATE): None
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct 1 1949 to Oct. 28 1949, that I last saw the deceased alive on Oct. 28 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) C. W. Beachley M.D. ADDRESS Hagerstown, Md. DATE SIGNED Oct. 28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct 30, 1949
NAME OF CEMETERY OR CREMATORY: Woodstock Va.
LOCATION (City, town, or county): Woodstock (State): Va
DATE REC'D BY LOCAL REGISTRAR: Oct. 28. 1949
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Dellinger & Son ADDRESS: Woodstock Va

RECEIVED
OCT 29 1949
BUREAU V. S.

10120

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 424 Fremont Street

3. NAME OF DECEASED (Type or Print)	(First) Stuart	(Middle) M.	(Last) Slifer	4. DATE OF DEATH	(Month) Oct.	(Day) 9	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	8. DATE OF BIRTH Aug. 29-1905	9. AGE last birthday 44 yrs.	If under 1 year Months 1	Days 10	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Con. Home Corp.	11. BIRTHPLACE (State or foreign country) Inwood, W.Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John Paul Slifer	14. MOTHER'S MAIDEN NAME Daisy M. Hightman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-10-3998	17. INFORMANT AND ADDRESS Mrs. Margaret Ruth					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 7 hours

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1949, to 10/9/49, 19....., that I last saw the deceased alive on 10/9/49, 19....., and that death occurred at 8 P.M. m., from the causes and on the date stated above.

SIGNATURE Dr E W Ditto Jr (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 10/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 10-14-49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Oct. 13, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR C.M.Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10121

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 45 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 645 Forrest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 645 Forrest Drive

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Rebecca (Last) Snyder

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 26, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christ Stevens

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Minnie Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
33 1	Immediate cause	(a) Cerebral Hemorrhage	1/2 hour
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage & Hemiplegia R	Sept. 27, 49
		(c) Arteriosclerosis	1940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5-, 1938, to 10-1-, 1949, that I last saw the deceased alive on 10-1-, 1949, and that death occurred at 8:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Howard Yeager, M.D. ADDRESS: Hagerstown, Maryland DATE SIGNED: 10-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Oct. 5, 1949; NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Oct 3, 1949; REGISTRAR'S SIGNATURE: Chas. H. Somers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

VS. A15

RECEIVED
OCT 6 1920
BUREAU V. S.

10122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 350 S. LOCUST ST.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) DAVID (Last) SOUTH

4. DATE OF DEATH (Month) OCTOBER (Day) 3 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 5/12/1856
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRINTER
10b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM SOUTH
14. MOTHER'S MAIDEN NAME SARAH SHILLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MRS. NAN M. DOWNIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary sclerosis — approx 1 yr.

92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral stenosis and insufficiency — Prostatic hypertrophy and retention — 20 years at least 6 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1949, to Oct 3, 1949, that I last saw the deceased alive on Oct 2, 1949, and that death occurred at 1:35A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. Layman, M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED Oct 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF 10/5/49 — NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY — LOCATION (City, town, or county) HAGERSTOWN (State) MD.

DATE REC'D BY LOCAL REG. Oct. 3, 1949 — REGISTRAR'S SIGNATURE Chas. H. Bowers — 24. FUNERAL DIRECTOR Woodford T. Norment, ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10123

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): Washington Squard

3. NAME OF DECEASED (Type or Print): (First) Millard (Middle) Fillmore (Last) Sowers

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 6/49 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 15/1859

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Wood Worker

11. BIRTHPLACE (State or foreign country): Clearspring, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel W. Sowers Sr.

14. MOTHER'S MAIDEN NAME: Sarah A. Kreps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Samuel W. Sowers Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — 24 hrs.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio Vascular disease — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 19.49, to Oct. 6, 19.49, that I last saw the deceased alive on Sept. 28, 19.49, and that death occurred at 10.45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ernest J. Poole M.D. — Hagerstown Md. — Oct. 7 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct. 8/49 | NAME OF CEMETERY OR CREMATORY: St Pauls Cemetery | LOCATION (City, town, or county) (State): Clearspring, Md.

DATE REC'D BY LOCAL REG.: Oct. 7 1949 | REGISTRAR'S SIGNATURE: Blair H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md

RECEIVED
OCT 10 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10124

Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 546 No. Locust St.

3. NAME OF DECEASED (Type or Print): (First) CLAYTON (Middle) IVAN (Last) SPESSARD

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 6 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Cashier

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benj. Spessard

14. MOTHER'S MAIDEN NAME: Catherine Hartle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Bertha P. Spessard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Bronchial Asthma	3 yrs
932	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac - Vascular Disease	3 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 19 49, to Oct 3, 19 49, that I last saw the deceased alive on Oct 2, 19 49, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: Dr. D.W. Ditto (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 10/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 6/49

NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery

LOCATION (City, town, or county) (State): Waynesboro, Pa.

DATE REC'D BY LOCAL REG.: Oct. 4. 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
OCT - 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10125

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30 6

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1114 Olive St.

3. NAME OF DECEASED (Type or Print): (First) IRENE (Middle) (Last) WADE

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1949

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 19, 1906

9. AGE last birthday: 42 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Wade

14. MOTHER'S MAIDEN NAME: Nora Edward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 Immediate cause (a) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 5/8/48 to 10/8/49

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/11/48 D&C

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix, grade 4.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1949, to Oct 15, 1949, that I last saw the deceased alive on Oct 15, 1949, and that death occurred at 5 10 P m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas (Degree or title) M.D. ADDRESS Ritchie Hospital DATE SIGNED Oct. 15, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/25/49 — NAME OF CEMETERY OR CREMATORY: Mt. Lilac Cemty — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. 10-25-49 — REGISTRAR'S SIGNATURE: A.W. Hedrick — 24. FUNERAL DIRECTOR: W. P. Bryant & Sons — ADDRESS: 1398 W. Lemley St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10126

CERTIFICATE OF DEATH

Reg. Dist. No. 103

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Conococheague
LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 149 No. Potomac St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	Davison	Walker	10	22	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE Male	White	Married	July 20, 1916	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gas Station Operator	Gasoline	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry J. Walker	Margaret Davison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes W. War 2		Harry J. Walker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Sigmoid	9 mo
153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46e	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastases to liver.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1949		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 15, 1949, to Oct 22, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert P. Conrad, M.D	Hagerstown, Md.	10-24-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/25/49	Cedar Hill Cemetery	Greencastle Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-24-49	[signature]	Fred W. Kraiss	Hagerstown, Md.

RECEIVED
1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10127

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville
STREET ADDRESS (If rural, give location): R. F. D. #1

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) S. (Last) Waltz

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-1-1884

9. AGE last birthday: 65 yrs. If under 1 year: Months 9, Days 13, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beaver Creek, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Detrow

14. MOTHER'S MAIDEN NAME: Barbara Easton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: John E. Waltz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rheumatic Heart Disease	20 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral & Aortic Stenosis	20 yrs
	(c) Arteriosclerosis Generalized	25 yrs

450.0

92b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10 1949, to Oct 14, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE: G. C. Keller (Degree or title): M.D. ADDRESS: Smithsburg DATE SIGNED: 10/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 10-17-49

NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery

LOCATION (City, town, or county) (State): Smithsburg, Maryland

DATE RECD BY LOCAL REG.: Oct. 17, 1949

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

RECEIVED
OCT 19 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Poole

10128

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E. (Last) Wantz
4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 7- 6- 1865
9. AGE last birthday: 84 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Highfield, Md.
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME: Aaron B. Wantz
14. MOTHER'S MAIDEN NAME: Amanda Starner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Mrs. Amanda Brezler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 hrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease. — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1949, to Oct. 8, 1949, that I last saw the deceased alive on Oct. 6, 1949, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Ernest F. Poole M.D. Hagerstown Md. 10/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10-10-1949
NAME OF CEMETERY OR CREMATORY: Fairfield Lutheran Cem
LOCATION (City, town, or county) (State): Fairfield, Pa. Adams Co.

DATE REC'D BY LOCAL REG.: Oct. 11. 1949
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md.
ADDRESS

RECEIVED
OCT 13 1949
BUREAU V. S.

Dr. Kohler

10129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 509 Wilson Blvd, West

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 509 Wilson Blvd. West

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) WEBB

4. DATE OF DEATH: (Month) October (Day) 23, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 21, 1883

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: City of Hagerstown

11. BIRTHPLACE (State or foreign country): Wolfsville, Fred. Co.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Webb

14. MOTHER'S MAIDEN NAME: Rosa Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Anna Webb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Pulmonary Edema	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart & Asthma	3 yrs
95C	(c) Arterio - Sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1946, to Oct 23, 1949, that I last saw the deceased alive on Oct 23, 1949, and that death occurred at 4.30 P.M., from the causes and on the date stated above.

SIGNATURE: G.G. Kohler — (Degree or title): MD — ADDRESS: Smithsburg Md — DATE SIGNED: 10/25/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 10/26/49 — NAME OF CEMETERY OR CREMATORY: United Brethern Cem. — LOCATION (City, town, or county) (State): Near Wolfsville Md

DATE REC'D BY LOCAL REG.: Oct. 25, 1949 — REGISTRAR'S SIGNATURE: Chas H Towers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown, Md.

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OCT 27 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10130

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 619 West Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 619 West Franklin Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mattie	O.	Wiebel		Oct.	15	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Nov. 20, 1878	70 yrs.	10	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Stanton, Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Lushbaugh	Katherine Shaw Ridenour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	NONE	Mrs. Norma L. Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	½ hour.
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Disease	1 yr
	(c) Arteriosclerosis	July 1937

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.	—	—

22. I hereby certify that I attended the deceased from July, 1937, to Oct. 15, 1949, that I last saw the deceased alive on Oct. 15, 1949, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Howard Yeager	M.D.	Hagerstown Md	Oct. 17, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-18-49	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 18, 1949	Chas H. Bowers	C. M. Suter & Sons,	Hagerstown, Md

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Dr. Ralph Young

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerst own
STREET ADDRESS (If rural give location): Hagerstown RFD#2

3. NAME OF DECEASED (Type or Print): (First) JOHN H (Middle) HENRY (Last) WILES

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 4,1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wilsons Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Wiles

14. MOTHER'S MAIDEN NAME: Louisa Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: William L. Wiles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Carcinoma Rectum & Metastasis — Interval Between Onset and Death: 1 year

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 10/27/48

19b. MAJOR FINDINGS OF OPERATION: Colostomy

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No m.

INJURY OCCURRED Whila at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from 10/25/48, 19..... to 10/25/49, 19....., that I last saw the deceased alive on 10/25/49, 19....., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph F. Young M.D. ADDRESS: Williamsport Md DATE SIGNED: 10/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/28/49 — NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery — LOCATION (City, town, or county) (State): Near Clearspring Md

DATE REC'D BY LOCAL REG.: Oct 27,1949 — REGISTRAR'S SIGNATURE: Hoard Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown

VS. A15

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10132

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Bob Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 24 Hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 400 Elizabeth St

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) VIRGINIA (Last) WINTERS

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feby 13 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Front Royal warren Co. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Ramey

14. MOTHER'S MAIDEN NAME: Maria Lou Ramey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Fred Henry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Insufficiency — Interval Between Onset and Death: 1 year

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 10/1, 1949, that I last saw the deceased alive on 10/2, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert V.h. Campbell MD — ADDRESS: Hagerstown — DATE SIGNED: 10/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/4/49 — NAME OF CEMETERY OR CREMATORY: Rose Hill cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Oct. 4, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR / ADDRESS: Andrew K. Coffman Hagersyown Md.

VS. A15

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BUREAU V. S.

10133

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 408 Linganore Ave.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Downs (Last) Wolford
4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/26/1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY Transit Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George W. Wolford
14. MOTHER'S MAIDEN NAME Laura B. Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#1
16. SOCIAL SECURITY NO. 214-10-4657
17. INFORMANT Mrs. Vivian S. Wolford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral - Thrombosis	1 week ?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Unknown
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1949, to 10-15, 1949, that I last saw the deceased alive on 10-14, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE John H Hornbaker (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 10-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/17/1949
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Oct. 16, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 19 1949
TREASURY U. S.